

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT (California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser: 525 Eubanks Consultants, Inc. c/o Joy Parker P.O.Box 12247 Santa Rosa, CA 95406	Name and Address of Charitable Organization: CT No. <u>352892R</u> F.E.I.N. No. <u>94-2300109</u> <u>Advocacy Resource Center</u> Name of Charity <u>891 2nd St</u> Address of Charity <u>Santa Rosa, CA 95406</u> City, State, and ZIP Code of Charity
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National Campaign ☐ California Campaign ☒

Telemarketing held (on) (from) 1/1, 20 02, to 12/31/, 20 02
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one)
If other, provide brief explanation _____

Fee ☐ Percentage ☒
Other ☐

1. REVENUE

A. Cash contributions	<u>54059</u>	A.
B. Entertainment sales or admission charges	_____	B.
C. Sales from products	_____	C.
D. Advertisement sales	_____	D.
E. Membership fees	_____	E.
F. Other sources: (Specify)		
a. _____	_____	Fa.
b. _____	_____	Fb.
c. _____	_____	Fc.
d. _____	_____	Fd.

G. TOTAL REVENUE

54059 G

2. EXPENSES

A. Fees or commissions	<u>5096</u>	A.
B. Salaries	<u>11462</u>	B.
C. Payroll taxes	<u>1226</u>	C.
D. Employee benefit	<u>33</u>	D.
E. Cost of merchandise for resale	_____	E.
F. Cost of entertainment	<u>420</u>	F.
G. Postage	<u>1328</u>	G.
H. Advertising	<u>73</u>	H.
I. Telephone	<u>274</u>	I.
J. Rental of equipment	_____	J.
K. Facilities charge	<u>2234</u>	K.
L. Permits	<u>114</u>	L.
M. Other expenses: (Specify)		
a. <u>Printing</u>	<u>488</u>	Ma.
b. <u>Outside service</u>	<u>1031</u>	Mb.
c. <u>Insurance</u>	<u>502</u>	Mc.
d. <u>Bank Charges</u>	<u>46</u>	Md.

N. TOTAL EXPENSES

401688

24327 N.

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3. Amount to Charity 29732 3.
4. Less additional fund-raising expenses paid by charity (to be completed by charity) JADENT 13514 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) _____ 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 16218 6.
7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?
☐ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

James C. Erback President 5/1/03
 Signature of authorized officer (Commercial Fund-raiser) Printed Name Title Date

This report must be signed by two officers or directors of the charitable organization for verifying the distribution.

Elvis Bozarth, President-Administrator 1/24/03
 Signature of authorized officer/director (Charity) Printed Name Title Date

Douglas Thiele, Esq., Treasurer 1/24/03
 Signature of authorized officer/director (Charity) Printed Name Title Date